

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between C.W. Flemons Grantor, and Refujio C. Gomez and Bernice M. Gomez, husband and wife, Grantees,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantors do hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 1202, Section B of Southaven West Subdivision, in Section 23, Township 1 South, Range 8 West, as per plat thereof recorded in Plat Book 2, Pages 48 and 49, in the office of the Chancery Clerk of DeSoto County, Mississippi and the west two and one-half (2-1/2) feet to Lot 1201, Section B, Southaven West Subdivision, in Section 23, Township 1 South, Range 8 West, as per plat thereof recorded in Plat Book 2, Pages 48 and 49, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Grantor herein took title to the aforementioned property as tenants by the entirety with his wife, Glenda Flemons. Glenda Flemons died on July 24, 1991 in Shelby County, Tennessee. See Attached Death Certificate - Exhibit A. Further, Grantor hereby covenants that this property contains no part of his homestead, and thus his spouse, if any, need not join in this conveyance.

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

c:\property\wd

STATE MS.-DE SOTO CO.
FILED
FEB 24 1 33 PM '00

BK 367 PG 800
W.F. BAKER CH. CLK.

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantors on this the 21st day of February, 2000.

C.W. Flemons
C.W. Flemons

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, C.W. Flemons who acknowledged that he signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 21st day of February, 2000.

Linda K. Wheeler
NOTARY PUBLIC

(SEAL)

My Commission Expires



ADDRESS OF GRANTORS:

2685 Stage
Neshit, Ms. 38651
Home: 662-449-0673
Work: n/a

ADDRESS OF GRANTEEES:

1734 Brookhaven Drive
Southaven, Mississippi 38671
Home: 601-280-0885
Work: 601-393-2948

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(601) 349-0664

FILE# 800086/JSM

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
 CERTIFICATE OF DEATH

BK 0367 PG 0802 83115

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK
 FOR
 INSTRUCTIONS
 HANDBOOK

STATE FILE NUMBER

NAME OF DECEDENT:
 For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Glenda May Flemons				2. SEX F.		3. DATE OF DEATH (Month, Day, Year) 7-24-1991	
4. SOCIAL SECURITY NUMBER (of Decedent) 409-34-6275		5a. AGE - LAST BIRTHDAY (Years) 62		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) 5-10-1929	
7. BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan		8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Baptist Hospital, East		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis				9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Clifford Wayne		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Clerical		12b. KIND OF BUSINESS/INDUSTRY NAPA	
13a. RESIDENCE—STATE Ms.		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Southaven		13d. STREET AND NUMBER OR RURAL LOCATION 1734 Brookhaven	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 38671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or more) 6		17. FATHER'S NAME (First, Middle, Last) Ollie James Bryan					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Inez						19a. INFORMANT'S NAME (Type/Print) Evelyn Ann Burt	
19b. RELATIONSHIP TO DECEASED Daughter		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6522 Lancer, Memphis, Tn. 38115					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memorial Park Crematory				20c. LOCATION—City or Town, State Memphis, Tn.	
21a. SIGNATURE OF FUNERAL DIRECTOR David Holder		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 2594		21c. SIGNATURE OF EMBALMER Terry Turner		21d. LICENSE NUMBER OF EMBALMER 4022	
22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home, 5599 Poplar, Memphis, Tn. 38119						22b. LICENSE NUMBER OF FUNERAL HOME 416	
23. REGISTRAR'S SIGNATURE Patti Moore				24. DATE FILED (Month, Day, Year) AUG 02 1991			
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
25b. SIGNATURE AND TITLE OF PHYSICIAN Kirby L. Smith M.D.				25b. LICENSE NUMBER 05187		25c. DATE SIGNED (Month, Day, Year) 7-31-91	
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.							
26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Kirby Smith, 1068 Cresthaven, Memphis, Tn. 38119							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → metastatic large cell carcinoma of lung							
DUE TO (OR AS A CONSEQUENCE OF):							
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
DUE TO (OR AS A CONSEQUENCE OF):							
DUE TO (OR AS A CONSEQUENCE OF):							
DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						28b. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No							
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc.		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

PHYSICIAN OR MEDICAL EXAMINER EX-
 ITING CERTIFICATE
 JUST COMPLETE AND
 IN MEDICAL CERTI-
 FICATION WITHIN 48
 HOURS.

SEE INSTRUCTIONS
 ON OTHER SIDE

CAUSE OF
 DEATH

EXHIBIT

A

BIRTH NO.

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed
with the Tennessee Vital Records, Department of Health and Environment by
the Memphis & Shelby County Health Department.

SEAL

Date Issued

AUG 05 1991

By

Bobbie Fritchie

Bobbie Fritchie, Registrar
Vital Records Section

Holcomb